

COMBINED DECLARATION AND POWER OF ATTORNEY

As the below named inventor(s), I (we) hereby declare that:

My (Our) residence, post office address and citizenship(s) are as stated below next to my (our) name(s).

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

LIKELIHOOD-BASED MODIFICATION OF EXPERIMENTAL CRYSTAL STRUCTURE ELECTRON DENSITY MAPS

the specification of which (check one) ☒ is attached hereto ☐ was filed on _____ as Serial No. _____ and was amended on _____ (if applicable).

I (We) hereby state that I (we) have reviewed and understand the contents of the above-identified specification, including claims, as amended by any amendment referred to above.

I (We) acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 CFR 1.56.

I (We) hereby claim foreign priority benefits under 35 USC §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

Number	Country	Filed (Day/Month/Year)

Priority
Claimed
☐ ☐
Yes No

PRIOR U.S. APPLICATIONS

I hereby claim the benefit under 35 USC §119(e) of any United States provisional application(s) listed below:

60/135,252 (Application Number)	05/21/99 Filing Date
(Application Number)	Filing Date

I (We) hereby claim the benefit under 35 USC §120 of any United States application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC §112, I acknowledge the duty to disclose material information as defined in 37 CFR 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Serial No.	Filing Date	Status

POWER OF ATTORNEY

As the named inventor(s), I (we) hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Names and Registration Nos.	Names and Registration Nos.
William A. Eklund 29,147 Ray G. Wilson 28,351 Milton D. Wyrick 29,993 Samuel M. Freund 30,459	Bruce H. Cottrell 30,620 Gemma Morrison Bennett 34,516 Samuel L. Borkowsky 42,346
<u>Send Correspondence To:</u> ATTORNEY LC/BPL, MS D412 Los Alamos National Laboratory Los Alamos, NM 87545	<u>Direct Telephone Calls to:</u> Ray G. Wilson (505) 665-3112

DECLARATION

I (We) hereby declare that all statements made herein of my (our) own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC §1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Thomas C. Terwilliger		<i>Th C Terwilliger</i>	
Full Name of Inventor		Signature	
Santa Fe, New Mexico		24-February, 2000	
Residence (City, State or Foreign Country)		Date	
68 Camino Espejo, Santa Fe, New Mexico 87501		US	
Postal Address (Street, City, State, Zip Code)		Citizenship	
Full Name of Inventor		Signature	
Residence (City, State or Foreign Country)		Date	
Postal Address (Street, City, State, Zip Code)		Citizenship	
Full Name of Inventor		Signature	
Residence (City, State or Foreign Country)		Date	
Postal Address (Street, City, State, Zip Code)		Citizenship	
Full Name of Inventor		Signature	
Residence (City, State or Foreign Country)		Date	
Postal Address (Street, City, State, Zip Code)		Citizenship	
Full Name of Inventor		Signature	
Residence (City, State or Foreign Country)		Date	
Postal Address (Street, City, State, Zip Code)		Citizenship	
Full Name of Inventor		Signature	
Residence (City, State or Foreign Country)		Date	
Postal Address (Street, City, State, Zip Code)		Citizenship	